

Discount Drug Card Comparison Worksheet as of 5/19/04

Use the chart below to compare your drug costs from one card to another. To learn what you would pay for your medicine with each card, call the company that offers the card. The phone number should be listed in its advertising materials. Or, starting May 3, 2004, call Medicare toll-free at 1-800-633-4227 or visit www.medicare.gov. You can also call the Virginia Department for the Aging toll-free at 1-800-552-3402 for the number of an insurance counselor in your local area. Before you begin, verify that the cards you are considering are valid in Virginia. If you need more room, make copies of the blank worksheet before you begin writing on it.

Name of drug, including strength and dose	My current monthly costs for the drug, including discounts	Discount card #1	Discount card #2	Discount card #3
		_____	_____	_____
		(name)	(name)	(name)
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total monthly cost	\$	\$	\$	\$
Does the card apply to all my prescriptions?		Yes No	Yes No	Yes No
Which pharmacies accept the card?				
Does the card offer drugs by mail order?		Yes No	Yes No	Yes No